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ARNOLD & PORTER

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STATEMENT OF DESIGNATION OF COUNSEL

Please use one form for each respondent

MUR. 5357

NAME OF COUNSEL: Robert Litt, Martha Cochran

FIRM: Arnold & Porter

ADDRESS: 555 12th Street NW

Washington, DC 20008

TELEPHONE: (202) 942-5000

FAX: (202) 942-5999

The above-named individual is hereby designated as my counsel and is authorized to receive any notifications and other communications from the Commission and to act on my behalf before the Commission.

Mark William Layman

Print Name

10/7/03
Date

MW
Signature

CFO
Title

RESPONDENT'S NAME: Mark Layman

ADDRESS: ~~5941~~ 5941 Lodestone Drive

Plano, Texas 75093

TELEPHONE: HOME _____

BUSINESS (214) 468-4343

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